

OGE Form 278e (March 2014)



U.S. Office of Government Ethics; 5 C.F.R. part 2634 | Form Approved: OMB No. (3209-0001)

Report Type:	New Entrant
Year (Annual Report only):	
Date of Appointment/Termination:	September 17, 2017

UNITED STATES OFFICE OF
GOVERNMENT ETHICS

★
Preventing Conflicts of Interest
in the Executive Branch

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information				
Last Name	First Name	MI	Position	Agency
King	Thomas	P	Public Affairs Specialist	OPM
Other Federal Government Positions Held During the Preceding 12 Months:				
None				
Name of Congressional Committee Considering Nomination (Nominees only):				
None				
Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge:				
Signature:		Date:		
		10/1/2018		
Agency Ethics Official's Opinion - On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments below)				
Signature:		Date:		
		10/1/18		
Other Review Conducted By:				
Signature:		Date:		
U.S. Office of Government Ethics Certification (if required):				
Signature:		Date:		
Comments of Reviewing Officials:				

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 1: Filer's Positions Held Outside United States Government

#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	WCBI-TV	Columbus, MS	Television Station	Reporter/Anchor	10/2016	9/2018
2.	Swim Columbus	Columbus, MS	Swim Team	Assistant Coach	04/2015	05/2016
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Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 2: Filer's Employment Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	WCBI-TV			Salary	42,750
2.	WCBI-TV Profit Sharing Plan: Manning & Napier Pro-Blend Mod Term Fund	Y	\$1,001 - \$15,000	Dividends	\$201 - \$1,000
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Instructions for Part 3

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Filer's Name	Page Number

Part 3: Filer's Employment Agreements and Arrangements

#	Employer or Party	City/State	Status and Terms	Date
1.	WCBI-TV	Columbus, MS	I have a profit sharing plan with this former employer. However, neither former employer nor I contribute to the plan any longer.	10/2016
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Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year

#	Source Name	City/State	Brief Description of Duties
1.	WCBI-TV	Columbus, MS	Reporter and news anchor for this television station.
2.			
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Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 5: Spouse's Employment Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	None				
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Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name					Page Number
Part 6: Other Assets and Income					
#	Description	EIF	Value	Income Type	Income Amount
1.	None				
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Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number
Part 7: Transactions				
#	Description	Type	Date	Amount
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Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name						Page Number
Part 8: Liabilities						
#	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	Nelnet	Student Loans	\$15,001 - \$50,000	2014	4.4%	15 years
2.						
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Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 9: Gifts and Travel Reimbursements

#	Source Name	City/State	Brief Description	Value
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